

HAW Statement for 5/17 Hearing (“RU-486: Setting a Low Standard for Women’s Health?”)

This hearing was convened so that we could talk about the deaths of several women who had taken mifepristone, the medical abortion pill.

These deaths were tragic, and I extend my deepest sympathies to the families, including Mr. Patterson, who lost his daughter. I thank him for coming today to share his experience and concerns.

We are going to discuss these cases as part of a broader pattern of *C. Sordellii* [“Cee sore-dell-ee-eye”] infection. This infection has killed men, women, and children. It has killed women who had just given birth, women who had miscarriages, and a woman who hadn’t been pregnant. As with any infection we do not yet understand well, we need better research and surveillance to fight this.

But before we begin this discussion I would like to say something about another reason we are here.

There are people, including some in this room, who have wanted mifepristone to be pulled off the market since the day it was approved.

Well before the recent cluster of deaths, they opposed the availability of medical abortion. It had nothing to do with safety. It wasn’t based on data. It was because of an ideological opposition to women’s right to choose abortion.

In fact, many of those who want this drug off the market want women to have virtually zero access to any kind of abortion – medical or surgical.

So I’d like to take a moment to remind everyone of how things were before abortion became legal – and safe – in the United States.

Hundreds of thousands of women per year sought out illegal abortions, or tried to induce abortion themselves.

Tens of thousands suffered major infections and other injuries.

And even after the introduction of antibiotics, hundreds of women died every year before abortion was made legal and safe.

There are many who want every state to have a law like the new South Dakota law, which ban all abortions, even in the case of rape or incest, or to preserve the health of the mother. That is the ultimate expression of a low standard for women’s health.

Mifepristone – the subject of today’s hearing – has several promising characteristics. It offers women an alternative to surgery for early termination of pregnancy. It is available to

many women who do not have access to surgical abortion. And it has been widely and safely used in Europe.

On the other hand, questions have been raised about whether there may be a link between the drug and the tragic deaths of several young women.

The issue of whether mifepristone should remain available to women should be resolved based on a scientific assessment of its benefits and dangers.

If the best scientific evidence turns out to demonstrate that the risks do in fact outweigh the benefits, then FDA should make a decision accordingly. But it should be kept on the market – or removed – using the same legal and scientific standards that are used for all other drugs.

For today, let's take a close and serious look at *C. sordellii* infection. We must encourage our scientists to figure out why these women and the other victims of the bacteria died. And we should do everything we can to improve detection and treatment.

But in the end, we need to make sure any regulatory decision about mifepristone is based on the science and the law – not the politics of the abortion debate.